

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Human Services		CONTACT PERSON John Davis	TELEPHONE NUMBER (601) 359-4888	
ADDRESS 750 North State Street, Suite 507		CITY Jackson	STATE MS	ZIP 39202
EMAIL ccdfcomments@mdhs.ms.gov	SUBMIT DATE 8/02/2016	Name or number of rule(s): Child Care Payment Program (CCPP) Policy Manual		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: New and amended Child Care Payment Program (CCPP) Policy Manual pursuant to Amendments of the Child Care and Development Block Grant (CCDBG) regulations at 45 CFR 98

Specific legal authority authorizing the promulgation of rule: 45 CFR 98

List all rules repealed, amended, or suspended by the proposed rule: Child Care Payment Program Policy Manual

ORAL PROCEEDING:

- ☒ An oral proceeding is scheduled for this rule on Date: Aug. 22 Time: 5:30PM Place: Woolfolk Building, Room 145
- ☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- ☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ <input checked="" type="checkbox"/> New rule(s) _____ <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: John Davis, Executive Director

Signature of person authorized to file rules: *John Davis*

OFFICIAL FILING STAMP 	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP 	OFFICIAL FILING STAMP 
Accepted for filing by	Accepted for filing by <u>22137</u> <u>AF</u>	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.